

## CHIROPRACTIC INITIAL EXAM

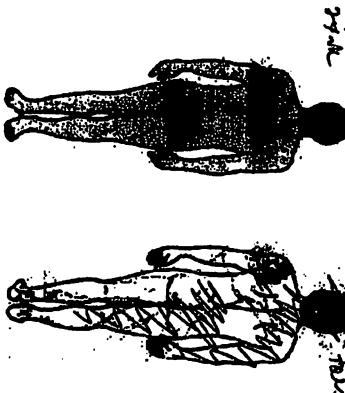
PATIENT NAME: Plants, Adelwin DATE OF EXAM: 4/4/07  
DATE OF ACCIDENT: 3/14/07 DATE OF BIRTH: 3/25/66 L HANDED

**Accident Type:**  Auto  Work  Home  Bicycle  Pedestrian  Other

Patient was seated in the Driver seat (Passenger seat) (Back seat) Surprised by impact Yes (No)  
 Vehicle was hit from: Front Back Right side (Left side)  
Patient hit: I Head Cervical Whiplash Chest/lung RIB Shoulder JR Knee Elbow  
 Patient was wearing seat belt: Yes (No) Hit A/B/C: Yes (No) Patient last consciousness: Yes (No)  
Disoriented/confused: Yes (No) Had loss of R: Yes (No) Had confusion or disorientation: Yes (No)

The patient went  via ambulance  self-transport to Cambell Hospital. The patient was admitted to the Hospital Emergency Room for treatment. (X-rays of the neck / mid-back / lower back) (ligamentous / bone / other G-Scan head)

THEIR COMPLAINTS  
OF THE FRENCH



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- ~~Dietrich~~ since strange  
-Hastings, he writes

|                          |  |
|--------------------------|--|
| <u>Vigilant disease:</u> |  |
| <u>Job description:</u>  | stands      hrs      sits/computer      hrs<br>lifts      lbs      hrs bend/crouches      hrs<br><del>Clean and fold laundry &amp; clothes</del> |
| <u>Shifts:</u>           | 1st night, 10 weeks on   |

**FREQUENCY:**

Occasional: (26-50% of the time)  
Frequent: (50-75% of the time)  
Constant: (75-100% of the time)

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*(Medication / Other)*

ted work: \_\_\_\_\_ 10

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BP:

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PATIENT NAME: Franklin Adesina

DATE OF EXAM: 4/14/07

Working Not Working Partial Total Disability Permanent Temporary Board Audit

PATIENT NAME: Fernanda Adelgara

SIGNATURE: [Signature]

DATE: 4/16/07

TRN: 7G207

TRE:

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SUBJECTIVE: Pain Radiation

OBJECTIVE: SER

PLAN: Reflexes

TREATMENT ADJUSTMENT: Cervical

L. R.

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L. R.

L. R.

SUBJECTIVE: H/S Arm

OBJECTIVE: SER

PLAN: Reflexes

TREATMENT ADJUSTMENT: Cervical

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L. R.

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SUBJECTIVE: Reflexes

OBJECTIVE: SER

PLAN: Reflexes

TREATMENT ADJUSTMENT: Cervical

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TREATMENT ADJUSTMENT: Cervical

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PHYSICAL THERAPY NOTES

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NAME  
Acronym  
Term

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Date: 4/26/02  
P/C: Bocch, Gia, ecting, constipated, rectal prolapse, fecal incontinence, stiffness, difficulty of movement, en

|  |               |             |            |             |             |                            |                   |
|--|---------------|-------------|------------|-------------|-------------|----------------------------|-------------------|
| Date: <u>4/26/12</u>   |               |             |            |             |             |                            |                   |
| Pt/Ctr Identifying: <u>John Acting constraint/fatigued, causing physical pain/tiredness, stiffness, difficulty of movement etc.</u>  |               |             |            |             |             |                            |                   |
| Or: tenderness, muscle spasm, swelling, redness, limitation or motion etc.   |               |             |            |             |             |                            |                   |
| <b>Condition:</b>  | <b>Lumber</b> | <b>Back</b> | <b>Hip</b> | <b>Brow</b> | <b>Knee</b> | <b>Wrist/carpal tunnel</b> | <b>Ankle/foot</b> |
| <b>Other findings:</b>   |               |             |            |             |             |                            |                   |
| <p>A: <u>Localized tender/achy area</u></p> <p>Sensitively responding to treatment.</p> <p>Other:</p>  |               |             |            |             |             |                            |                   |
| <p>B: <u>Acute Change in symptoms.</u></p> <p>Continuing treatment.</p> <p>Refers for follow up exam.</p>  |               |             |            |             |             |                            |                   |
| <p>C: <u>Physical therapy program.</u></p> <p>Physical therapy program.</p> <p>Brought in 5/13/2012</p> <p>Painful area: <u>Low back</u></p> <p>Highly painful fibrosis <u>9/10</u></p> <p>Therapeutic exercises <u>7/110</u></p> <p>Therapeutic Procedures <u>7/29</u></p> <p>Massage <u>7/124</u></p> <p>Ultrasound <u>7/203</u></p> <p>Other:</p> |               |             |            |             |             |                            |                   |
| <p><b>PHYSICAL THERAPY</b></p> <p><b>PATIENT'S SIGNATURE</b> <u>John A. Smith</u></p>  |               |             |            |             |             |                            |                   |

in, heterotaxis, stiffness, difficulty of movement

PL. Cjo (shooting, still acting, camera movements), rendering, location, located pair, tenderness, stiffness, difficulty of movement or

DATE: July 7 SIGNATURE: John C. Miller Jr. 2927  
SUBJECT: Pain Reduction OBSERVE: -  
REMARKS: -

**U.S. GOVERNMENT PRINTING OFFICE: 1913 7-2**

| Subjective   | Plan/Problem | Objective | Plan | Treatment Assignment |                 |
|--------------|--------------|-----------|------|----------------------|-----------------|
| Present PMS  | H/S, C/H     | General   | SE/R | Referral             | Doc: R<br>S/I/P |
| Thoracic PMS |              |           |      |                      |                 |

**Copier** **Other**

**ITEM CODES:** MEDIUM: REAR model 1/34 rear  
**EQUIPMENT CODES:** M/T: 6923 model 1/34 rear  
**ADJUSTMENT CODES:** M/T: 6923 model 1/34 rear  
**CHROMED:** 1/1 1/4 1/8 1/16 1/32 1/64 1/128

|  |  |                        |
|--|--|------------------------|
| <input checked="" type="checkbox"/> No changes in symptoms.<br><input type="checkbox"/> Physical Exam<br><input type="checkbox"/> Blood Test #<br><input type="checkbox"/> Pneumon. Both | <input type="checkbox"/> Slightly responding to treatment.<br><input type="checkbox"/> Better for follow up exam<br><input type="checkbox"/> Discharge<br><input type="checkbox"/> Therapeutic exercises #<br><input type="checkbox"/> Massage #<br><input type="checkbox"/> Transport Procedure #<br><input type="checkbox"/> Other | <b>Other:</b><br><hr/> |
|--|--|------------------------|

**PHYSICAL THERAPIST** \_\_\_\_\_ **PATIENT'S SIGNATURE** \_\_\_\_\_

**D.** Tenderness, muscle spasm, swelling, redness, limitation of motion, other: **ON**  
Cervical: Lumber: Shoulder: Hip: Elbow: Knee: Wrist and Hand: Ankle and Foot  
**Other findings:**

|           |  |   |
|-----------|--|---|
| <b>A:</b> | <b>Referred from:</b> <u>Orthopaedic</u>   | <b>Referring Doctor:</b> <u>Dr. [REDACTED]</u>                          |
|           | <b>Reason for Referral:</b> <u>Severe pain in left knee.</u>   | <b>Other:</b> <u>None</u>   |
| <b>B:</b> | <b>Chief Complaint:</b> <u>Pain in left knee.</u>  | <b>Onset:</b> <u>2 months ago.</u>                                      |
|           | <b>Duration:</b> <u>2 months.</u>  | <b>Character:</b> <u>Sharp, constant.</u>                               |
|           | <b>Location:</b> <u>Left knee.</u>   | <b>Quality:</b> <u>Sharp, stabbing.</u>                                 |
|           | <b>Severity:</b> <u>8/10.</u>  | <b>Modifying Factors:</b> <u>Worse with activity, better with rest.</u> |
|           | <b>Associated Symptoms:</b> <u>Swelling, stiffness, locking.</u>                                       | <b>Associated Findings:</b> <u>None.</u>                                |
| <b>C:</b> | <b>Review of Systems:</b> <u>None.</u>   | <b>Other:</b> <u>None.</u>  |
|           | <b>Physical Exam:</b> <u>Left knee swollen, tender to palpation, decreased range of motion.</u>        | <b>Other:</b> <u>None.</u>  |
| <b>D:</b> | <b>Diagnostic Tests:</b> <u>None.</u>  | <b>Other:</b> <u>None.</u>  |
| <b>E:</b> | <b>Initial Plan:</b> <u>Physical therapy, anti-inflammatory medications, corticosteroid injection.</u> | <b>Other:</b> <u>None.</u>  |
| <b>F:</b> | <b>Outcome:</b> <u>Improved pain and swelling after initial treatment.</u>                             | <b>Other:</b> <u>None.</u>  |
| <b>G:</b> | <b>Follow-up:</b> <u>Physical therapy sessions every 2 weeks.</u>                                      | <b>Other:</b> <u>None.</u>  |
| <b>H:</b> | <b>Discharge:</b> <u>None.</u>   | <b>Other:</b> <u>None.</u>  |

**PHYSICAL THERAPY NOTES**

Westchester Medical Care, P.C.

Date of Accident: 2/14/08Name: Adele Marie Frometa  
Insurance: WC/PV/LEM other:

Discharge:

Date: 2/17/08  
P.T./C.O. (padding, cold/cutting, constant/intermittent, radiating, localized) pain, tenderness, stiffness, difficulty of movement onOther: otherOr: tenderness, muscle spasm, swelling, redness, limitation of motion other: onContracted: Lumbar Shoulder: Hip Elbow: Knee Wrist and Hand: Ankle and FootOther findings: otherA: Treated treatment wellB: Slightly responding to treatmentC: Continuing treatmentD: No change in symptomsE: Patient DischargeF: Patient Follow up examG: OtherH: DischargeI: Referred for follow up examJ: OtherK: DischargeL: Referred for follow up examM: OtherN: DischargeO: Referred for follow up examP: OtherQ: DischargeR: Referred for follow up examS: OtherT: DischargeU: Referred for follow up examV: OtherW: DischargeX: Referred for follow up examY: OtherZ: DischargeAA: Referred for follow up examBB: OtherCC: DischargeDD: Referred for follow up examEE: OtherFF: DischargeGG: Referred for follow up examHH: OtherII: DischargeJJ: Referred for follow up examKK: OtherLL: DischargeMM: Referred for follow up examNN: OtherOO: Discharge**PHYSICAL THERAPIST****PATIENT'S SIGNATURE****PHYSICAL THERAPY NOTES**

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## **Working /Not working Partial/ Total Disability Permanent/Temporary Board Au**

*Wester Ahlenska* - *don. Hester* *19* *19*

| Surgery    | Indications |       | Type            | Treatment     |
|------------|-------------|-------|-----------------|---------------|
|            | Curv.       | Spine |                 |               |
| Cervical   | Curv.       | Spine | Radicular       | Decompression |
| L Thoracic | Curv.       | Spine | Curv. reduction | Decompression |
| L Thoracic | Curv.       | Spine | Lumb. extension | Decompression |
| L S        | Curv.       | Spine | Adk. Discectomy | Decompression |
| L S        | Curv.       | Spine | Work rest       | Decompression |
| L S        | Curv.       | Spine | US rest         | Decompression |
| L S        | Curv.       | Spine | US thoracic     | Decompression |
| L S        | Curv.       | Spine | L Radiculopathy | Decompression |
| L S        | Curv.       | Spine | L Radiculopathy | Decompression |

ULW OK JUN 19 1970  
COMM WNL/MN  
SERIAL NUMBER  
10-448-102  
DATE: 5/14/73 SIGNATURE: John Blane TR:

| Protein             | Group          | Antigenic Determinants                           | Antibodies                            | Serum Type |
|---------------------|----------------|--|---------------------------------------|------------|
| U. Thromb.          | U. Thromb.     | U. Thromb.                                       | Cow, L. R.<br>Cow, L. R.<br>L. R. can | U. Thromb. |
| Rub.                | U. Thromb.     | U. Thromb.                                       | Cow, L. R.<br>Cow, L. R.<br>L. R. can | U. Thromb. |
| B. Thym. Ad.        | U. Thromb.     | U. Thromb.                                       | Cow, L. R.<br>Cow, L. R.<br>L. R. can | U. Thromb. |
| Immunoprecipitin S. | GROWTH HORMONE | Lamb Dk. emper.<br>Afr. Dr. emper.<br>Work horse | Cow, L. R.<br>Cow, L. R.<br>L. R. can | US         |

Doctor: JL Copay: \_\_\_\_\_ OtherTx: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Txs: \_\_\_\_\_

|                            | General        | SER | Reflexes | L R | C I C L R | Indirectly<br>involved<br>structures |
|----------------------------|----------------|-----|----------|-----|-----------|--------------------------------------|
| General PNS                | H Sh Arm       |     |          |     |           |                                      |
| Thoracic N S               | Rob            |     |          |     |           |                                      |
| Thoracic PNS               | Rob            |     |          |     |           |                                      |
| PNS                        | B. Thigh, Abd. |     |          |     |           |                                      |
|                            |                |     |          |     |           |                                      |
| General                    |                |     |          |     |           |                                      |
| Thoracic SER               |                |     |          |     |           |                                      |
| L Thoracic SER             |                |     |          |     |           |                                      |
| Lumb exercises             |                |     |          |     |           |                                      |
| U S                        |                |     |          |     |           |                                      |
| SER                        |                |     |          |     |           |                                      |
| Trigeminal nerve S.        |                |     |          |     |           |                                      |
| Adv Dr. w/abdg             |                |     |          |     |           |                                      |
| Work cap                   |                |     |          |     |           |                                      |
|                            |                |     |          |     |           |                                      |
| U I W                      |                |     |          |     |           |                                      |
| Proximal                   |                |     |          |     |           |                                      |
| Ulnar                      |                |     |          |     |           |                                      |
| Other Tx                   |                |     |          |     |           |                                      |
| Opay                       |                |     |          |     |           |                                      |
| PIR, TRP, TYP, PIR-<br>TYP |                |     |          |     |           |                                      |

|             | Subjective   | Plan                          | Treatment administered                         |
|-------------|--|-------------------------------|--|
|             | Pain Reduction   | Objective                     |  |
| Initial PNS | H Sh arm<br>D/C<br>Thoracic PNS<br>Thoracic PNS<br>PNS | SE Referral                   | Out R C/T R                                    |
| Progress    | R Thigh Aching   | SE R<br>Lumb exercises<br>SEP | C/T<br>Thoracic<br>L/R arm<br>L/S              |
| Progress    | L/W  | TRIGEMINAL<br>CROM • WHI PAIN | Work rest<br>L/S<br>Sciatica<br>L/R arm<br>L/S |
| Doctor      | Copaxone<br>Omega TX                                   |                               | PRL TRPT/CD-care                               |



